

Work Order ID 105502

August-07-13 2:24:06 PM

105502

Page 1

Item ID: D2936-1

Accepted

Revision ID:

Item Name: Lug

Start Date: 8/07/13

Start Qty: 4.00

1

Required Date: 8/14/13

Req'd Qty: 4.00

三

Reference:

Approvals:

Process Plan: M/5

Date: 13-08-07 Teeling

Date:

Run Start

NP1

88

- 1

— 1 —

Baker

Stop

卷之三

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr	Revision Nbr					
D2936	Rev A					
100			0.00			
100	BAND SAW				A/b.a	
Bandsaw	Memo		0.00		13/08/08	
Jeaspa Bandsaw	Cut blanks 2.600" long					
110			0.00			
110	HAAS CNC VERTICAL MACHINING #1				OK/MH	
HAAS 1	Memo		0.00		13/08/08	
HAAS CNC vertical machine #1	Machine per folio FA018					
120			0.00			
120	QC2- Inspect parts off machine FAI/FAIB				OK/MH	
QC	Memo		0.00		13/08/08	
Quality Control						

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION		AGAINST DEPARTMENT/PROCESS					
				<input type="checkbox"/> Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update	<input type="checkbox"/> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab	<input type="checkbox"/> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite	<input type="checkbox"/> Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier	<input type="checkbox"/> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other			
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector	
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio		<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other		

Work Order ID 105502

August-07-13 2:24:06 PM

105502

Page 2

Item ID: D2936-1

Accept

Revision ID:

Item Name: Lug

Start Date: 8/07/13 Start Qty: 4.00

4

Required Date: 8/14/13 Req'd Qty: 4.00

4

Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____ Run Start *NR1*
QC: _____ Date: _____ SPC (Y/N): _____ Date: _____ Stop *NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
130 *130* QC Quality Control	QC8- Inspect parts - second check Memo	0.00 0.00				-4	-		SLB-8-8

140
140
Small Fab
Small Fab
Small Fab
Tumble and deburr any rough edges after tumbling

N/A

[Handwritten signatures]
DAS 19
9-83
13.08.12

150
150
QC
Quality Control
QC5- Inspect part completeness to step on W/O
Memo
0.00
0.00

[Handwritten signatures]
DAS 19
9-83
13.08.12

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS														
			Rework <input type="checkbox"/>	Scrap <input type="checkbox"/>	Use-as-is <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Machining <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Finishing <input type="checkbox"/>	Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/>	Quality <input type="checkbox"/>	Other <input type="checkbox"/>
Part No. _____			Work Order Update <input type="checkbox"/>																	
NCR No. _____																				
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance			Initial Chief Eng	Action Description			Sign & Date	Verification	QC Inspector							
Doc/Data																				
Equip/Tooling																				
Operator																				
Material																				
Setup																				
Other																				
Process																				
Supplier																				
Training																				
Unapproved																				
FAULT CATEGORY																				
Landing Gear				General																
Bending	<input type="checkbox"/>	Bend	<input type="checkbox"/>	Grain	<input type="checkbox"/>	Ovalized	<input type="checkbox"/>	Pressure/Forced	<input type="checkbox"/>	Temperature/Cure	<input type="checkbox"/>	Weld	<input type="checkbox"/>	Wrong Stock Pulled	<input type="checkbox"/>					
Centre Not Concentric to O/S	<input type="checkbox"/>	BOM/Route	<input type="checkbox"/>	Hardware	<input type="checkbox"/>	Over/Under tolerance	<input type="checkbox"/>	Other	<input type="checkbox"/>	Part Incorrect	<input type="checkbox"/>	Part Lost/Missing	<input type="checkbox"/>	Positioned Wrong	<input type="checkbox"/>					
Cracks	<input type="checkbox"/>	Broken/Damaged	<input type="checkbox"/>	Inspection Incomplete	<input type="checkbox"/>	Part Moved	<input type="checkbox"/>	Power Loss/Surge	<input type="checkbox"/>	Power Loss/Surge	<input type="checkbox"/>	Power Loss/Surge	<input type="checkbox"/>	Power Loss/Surge	<input type="checkbox"/>					
Crushed/Crimped	<input type="checkbox"/>	Burrs	<input type="checkbox"/>	Instructions Incomplete/Unclear	<input type="checkbox"/>	Positioned Wrong	<input type="checkbox"/>	Positioned Wrong	<input type="checkbox"/>	Positioned Wrong	<input type="checkbox"/>	Positioned Wrong	<input type="checkbox"/>	Positioned Wrong	<input type="checkbox"/>					
Cuffs	<input type="checkbox"/>	Contamination	<input type="checkbox"/>	Maintenance	<input type="checkbox"/>	Power Loss/Surge	<input type="checkbox"/>	Power Loss/Surge	<input type="checkbox"/>	Power Loss/Surge	<input type="checkbox"/>	Power Loss/Surge	<input type="checkbox"/>	Power Loss/Surge	<input type="checkbox"/>					
Heat Treat	<input type="checkbox"/>	Countersink	<input type="checkbox"/>	Mislabeled	<input type="checkbox"/>	Power Loss/Surge	<input type="checkbox"/>	Power Loss/Surge	<input type="checkbox"/>	Power Loss/Surge	<input type="checkbox"/>	Power Loss/Surge	<input type="checkbox"/>	Power Loss/Surge	<input type="checkbox"/>					
Inspection Strip in Tube	<input type="checkbox"/>	Cut Too Short	<input type="checkbox"/>	Misread	<input type="checkbox"/>	Power Loss/Surge	<input type="checkbox"/>	Power Loss/Surge	<input type="checkbox"/>	Power Loss/Surge	<input type="checkbox"/>	Power Loss/Surge	<input type="checkbox"/>	Power Loss/Surge	<input type="checkbox"/>					
Ripples in Bend	<input type="checkbox"/>	Drill Holes	<input type="checkbox"/>	Offset	<input type="checkbox"/>	Power Loss/Surge	<input type="checkbox"/>	Power Loss/Surge	<input type="checkbox"/>	Power Loss/Surge	<input type="checkbox"/>	Power Loss/Surge	<input type="checkbox"/>	Power Loss/Surge	<input type="checkbox"/>					
Torque Waves in Extrusion	<input type="checkbox"/>	Drawing	<input type="checkbox"/>	Out of Calibration	<input type="checkbox"/>	Power Loss/Surge	<input type="checkbox"/>	Power Loss/Surge	<input type="checkbox"/>	Power Loss/Surge	<input type="checkbox"/>	Power Loss/Surge	<input type="checkbox"/>	Power Loss/Surge	<input type="checkbox"/>					
Turning Sequence	<input type="checkbox"/>	Finish	<input type="checkbox"/>	Out of Sequence	<input type="checkbox"/>	Power Loss/Surge	<input type="checkbox"/>	Power Loss/Surge	<input type="checkbox"/>	Power Loss/Surge	<input type="checkbox"/>	Power Loss/Surge	<input type="checkbox"/>	Power Loss/Surge	<input type="checkbox"/>					
Wave/Twist in Tube	<input type="checkbox"/>	Folio	<input type="checkbox"/>	Outside Dimensions	<input type="checkbox"/>	Power Loss/Surge	<input type="checkbox"/>	Power Loss/Surge	<input type="checkbox"/>	Power Loss/Surge	<input type="checkbox"/>	Power Loss/Surge	<input type="checkbox"/>	Power Loss/Surge	<input type="checkbox"/>					

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: Date:

OA Closed: Date:

Work Order: _____				DISPOSITION		AGAINST DEPARTMENT/PROCESS					
				Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>			
Part No. _____											
NCR No. _____											
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear				General							
Bending				Bend <input type="checkbox"/>	Grain <input type="checkbox"/>	Ovalized <input type="checkbox"/>	Pressure/Forced <input type="checkbox"/>				
Centre Not Concentric to O/S				BOM/Route <input type="checkbox"/>	Hardware <input type="checkbox"/>	Over/Under tolerance <input type="checkbox"/>	Temperature/Cure <input type="checkbox"/>				
Cracks				Broken/Damaged <input type="checkbox"/>	Inspection Incomplete <input type="checkbox"/>	Part Incorrect <input type="checkbox"/>	Weld <input type="checkbox"/>				
Crushed/Crimped				Burrs <input type="checkbox"/>	Instructions Incomplete/Unclear <input type="checkbox"/>	Part Lost/Missing <input type="checkbox"/>	Wrong Stock Pulled <input type="checkbox"/>				
Cuffs				Contamination <input type="checkbox"/>	Maintenance <input type="checkbox"/>	Part Moved <input type="checkbox"/>					
Heat Treat				Countersink <input type="checkbox"/>	Mislabeled <input type="checkbox"/>	Positioned Wrong <input type="checkbox"/>					
Inspection Strip in Tube				Cut Too Short <input type="checkbox"/>	Misread <input type="checkbox"/>	Power Loss/Surge <input type="checkbox"/>					
Ripples in Bend				Drill Holes <input type="checkbox"/>	Offset <input type="checkbox"/>						
Torque Waves in Extrusion				Drawing <input type="checkbox"/>	Out of Calibration <input type="checkbox"/>						
Turning Sequence				Finish <input type="checkbox"/>	Out of Sequence <input type="checkbox"/>						
Wave/Twist in Tube				Folio <input type="checkbox"/>	Outside Dimensions <input type="checkbox"/>						

WORK ORDER INFO

August-07-13 2:24:09 PM

Work Order ID: 105502

Parent Item: D2936-1

Parent Item Name: Lug

105502
D2936-1

Start Date: 8/07/13

Required Date: 8/14/13

Start Qty: 4.00

Required Qty: 4.00

Comments: IPP B00.05.19 Added inspect level 8EC

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
M6061T6B1.500X01.500		Purchased	No					81.2660		0.909474			

M6061T6B1 500X01 500
6061-T6 Bar 1.50 x 1.50

**

D.L./D.A.
13/08/07

Location	Loc Qty	Loc Code
MAT004	81.266	
M126043	45.266	
M126075	36	<u>.909</u>

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS						
			Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>				
Part No. _____		NCR No. _____									
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio		<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other	

DART AEROSPACE LTD	Work Order:	105502
Description: Lug	Part Number:	2936-1
Inspection Dwg: D2936 Rev: A		Page 1 of 1

FIRST ARTICLE INSPECTION CHECKLIST

Measured by:	MH / amf
Date:	13/08/08

Audited by:	<u>SJ</u>
Date:	13-8-8

Preliminary Approval: _____

Rev	Date	Change	Revised by	Approved
E	10.04.14	Added preliminary approval	KJ	

10.04.15

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

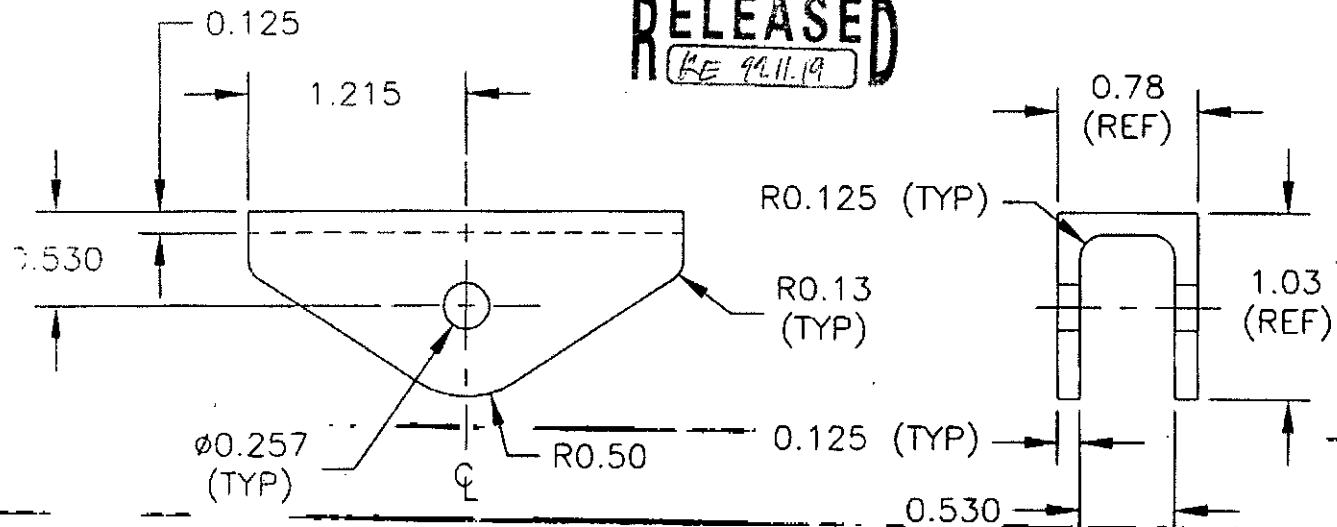
Work Order: _____			~ DISPOSITION			AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>				
			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>				
			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>				
			Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>					
Root Cause	Date	Step	Qty	Description of work order-update or Non-conformance		Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector	
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear				General							
				Bending <input type="checkbox"/>	Grain <input type="checkbox"/>	Ovalized <input type="checkbox"/>	Pressure/Forced <input type="checkbox"/>				
Centre Not Concentric to O/S <input type="checkbox"/>	BOM/Route <input type="checkbox"/>	Over/Under tolerance <input type="checkbox"/>	Temperature/Cure <input type="checkbox"/>								
Cracks <input type="checkbox"/>	Broken/Damaged <input type="checkbox"/>	Part Incorrect <input type="checkbox"/>	Weld <input type="checkbox"/>								
Crushed/Crimped <input type="checkbox"/>	Burrs <input type="checkbox"/>	Part Lost/Missing <input type="checkbox"/>	Wrong Stock Pulled <input type="checkbox"/>								
Cuffs <input type="checkbox"/>	Contamination <input type="checkbox"/>	Part Moved <input type="checkbox"/>									
Heat Treat <input type="checkbox"/>	Countersink <input type="checkbox"/>	Positioned Wrong <input type="checkbox"/>									
Inspection Strip in Tube <input type="checkbox"/>	Cut Too Short <input type="checkbox"/>	Power Loss/Surge <input type="checkbox"/>									
Ripples in Bend <input type="checkbox"/>	Drill Holes <input type="checkbox"/>	Other <input type="checkbox"/>									
Torque Waves in Extrusion <input type="checkbox"/>	Drawing <input type="checkbox"/>										
Turning Sequence <input type="checkbox"/>	Finish <input type="checkbox"/>										
Wave/Twist in Tube <input type="checkbox"/>	Folio <input type="checkbox"/>										



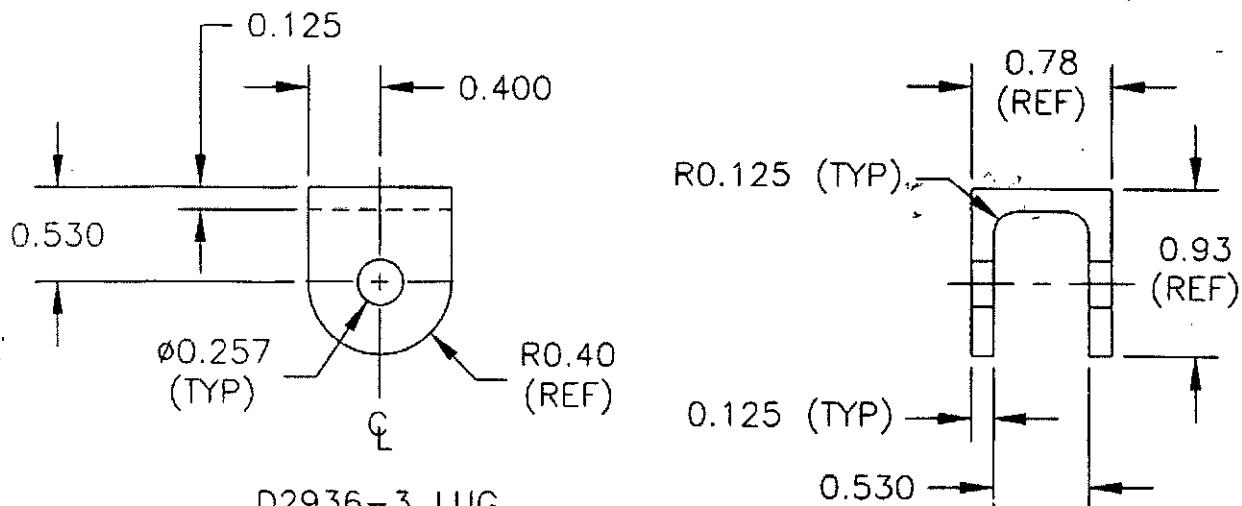
COPY IS
REF

DESIGN <i>KE</i>	DRAWN BY <i>KE</i>	DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA	
CHECKED <i>[initials]</i>	APPROVED <i>[initials]</i>	DRAWING NO. D2936	REV. A SHEET 1 OF 1
DATE 99.11.02		TITLE LUG	SCALE 1:1
A	99.11.02	NEW ISSUE	

RELEASED
KE 99.11.19



D2936-1 LUG



D2936-3 LUG

MATERIAL: 6061-T6 ALUMINUM (QQ-A-250/11 OR
QQ-A-200/8 OR QQ-A-225/8)

TOLERANCES ARE PER DART QSI 018 UNLESS OTHERWISE NOTED

10/2000
12/08/01

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order:			DISPOSITION			AGAINST DEPARTMENT/PROCESS						
			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>					
Part No. _____			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>					
NCR No. _____			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>					
Root Cause		Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data	<input type="checkbox"/>											
Equip/Tooling	<input type="checkbox"/>											
Operator	<input type="checkbox"/>											
Material	<input type="checkbox"/>											
Setup	<input type="checkbox"/>											
Other	<input type="checkbox"/>											
Process	<input type="checkbox"/>											
Supplier	<input type="checkbox"/>											
Training	<input type="checkbox"/>											
Unapproved	<input type="checkbox"/>											
FAULT CATEGORY												
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Other	